

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594 284

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10	1		1			
11		1				
12		2				
13		①				
14		①				
15	1		1			
16	1		1			
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	14	←	12	←		←
TOTAL CLAIMS	18		16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						